



Office Use: *Bob* *BJ*  
 JUN 08 2015

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 6/7/15

Type:  New  Amended (if amending, enter MEC ID C131077 & section changed \_\_\_\_\_)

2. Committee Information

Name of Committee \_\_\_\_\_

Committee Mailing Address, City, State, & Zip \_\_\_\_\_

(\_\_\_\_\_) Telephone Number

Official Committee Email Address \_\_\_\_\_

County Clerk or Board of Election Commissioners \_\_\_\_\_

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) Michael Buller

Treasurer's Email Address (optional) \_\_\_\_\_

Treasurer's Mailing Address, City, State, & Zip 2917 Victor St., St. Louis, MO

Treasurer's Home Telephone Number (314) 324-9163

Treasurer's Work Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Deputy Treasurer's Name (if one appointed) \_\_\_\_\_

Deputy Treasurer's Email Address (optional) \_\_\_\_\_

Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_

Dep. Treasurer's Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Dep. Treasurer's Work Telephone Number (\_\_\_\_\_) \_\_\_\_\_

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) \_\_\_\_\_

Additional Committee Officer's Mailing Address, City, State, & Zip \_\_\_\_\_

Connected Organization's Name (if any) \_\_\_\_\_

Connected Organization's Mailing Address, City, State, & Zip \_\_\_\_\_

**AMENDMENT**

CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate \_\_\_\_\_

(\_\_\_\_\_) Telephone Number (Candidate Committees Only)

Election Date \_\_\_\_\_

Office Sought & Political Subdivision \_\_\_\_\_

Political Party \_\_\_\_\_

Support or Oppose \_\_\_\_\_

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure \_\_\_\_\_

Election Date & Political Subdivision \_\_\_\_\_

Support or Oppose \_\_\_\_\_

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature]  
 Committee Treasurer

[Signature]  
 Candidate (Candidate Committees Only)